



State of Oklahoma
 Office of Management &
 Enterprise Services
 Human Capital Management Division

C32
 HCM-14
 Request for Personnel Action

Agency Name and Number: Oklahoma Department of Corrections, #131

Current Date: 01-03-2019

Approval of the following action is requested for (include Last name, full First name and middle Initial).

Redeagle, Chris

SSN (New Hires Only):		Employee ID: 130323	Effective Date: 11-30-2018
APPOINTMENTS: <input type="checkbox"/> Initial Probationary State Certificate No: _____ <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Reinstatement <input type="checkbox"/> Probationary * <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Unclassified: By Law (Cite Authority in Remarks) <input type="checkbox"/> Temporary <input type="checkbox"/> Direct Hire Authority * OP-110235, Attachment F, required (attach signed copy)		SEPARATIONS: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction In Force (Letter Required) <input type="checkbox"/> Transfer Interagency <input type="checkbox"/> Expiration of Appointment <input type="checkbox"/> Retirement <input type="checkbox"/> Death	
<input type="checkbox"/> Application Attached		<input type="checkbox"/> Application on File at HCM	
CHANGES: <input type="checkbox"/> Performance Pay <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Promotion: Trial Period Required <input type="checkbox"/> Yes <input type="checkbox"/> No (Career Progression) <input type="checkbox"/> Voluntary Demotion (Letter Required) <input type="checkbox"/> Demotion <input type="checkbox"/> Transfer Within Agency <input type="checkbox"/> Detail to Special Duty <input type="checkbox"/> Expiration of Detail to Special Duty <input type="checkbox"/> Probationary Period Adjustment (Letter Required) <input type="checkbox"/> Name Change			
LEAVE: Specify Duration: _____ <input type="checkbox"/> Sick Leave Without Pay <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Return From Leave			
<input type="checkbox"/> Military Leave With Pay <input type="checkbox"/> Military Leave Without Pay <input type="checkbox"/> Suspension With Pay (Letter Required)			
<input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Return from Suspension <input type="checkbox"/> Other (Explain in Remarks Section)			
Current		Proposed	
Unit Manager / I15A		Deputy Warden, 8345	
DCCC 0811100 138		Unit / Dept ID / Claim Group EWCC 1611100 101	
Band L \$3,967.70		Pay Band / Salary \$5,010.37 per month	
13103663 29CO		PIN # / WLOC Code 13100746 38EW	
Is this a Supervisory Position?		Check One: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Remarks: Approved 92 attached

Employee resigning Classified position to accept Unclassified appointment, per 74 O.S. 840-5.11. Letter attached. Employee will participate in OPERS Standard Retirement

Employed by this Agency From: 10-14-94 To: Present

Signature: Sharon L. McCoy, Warden Sharon L. McCoy, Warden Date: 1-7-19
 Appointing Authority/Title

Signature: Chris C Associate Director, Administrative Operations Date: 1-7-19
 Division Chief or Department/Title

OMES - HCM 014
 Revised: HCM 05/14 (DOC 11/14)

OAG/Garland v DOC/CIV-20-306-RAW (ED)

DEFENDANT'S
 EXHIBIT

2

JOE M. ALLBAUGH
DIRECTOR



MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA

OKLAHOMA DEPARTMENT OF CORRECTIONS
DICK CONNER CORRECTIONAL CENTER

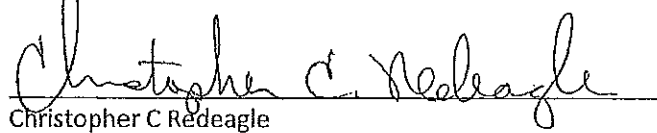
November 29, 2018

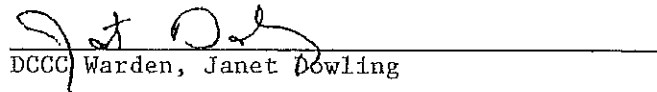
To: To Whom It May Concern

From: Christopher C. Redeagle, Unit Manager
Dick Conner Correctional Center

Re: Change of Classified Position to Unclassified Position

I am submitting my resignation of the classified position of Unit Manager at Dick Conner Correctional Center to accept the unclassified appointment of Deputy Warden at Eddie Warrior Correctional Center which will become effective November 30, 2018.


Christopher C Redeagle


DCCC Warden, Janet Dowling

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